

**AMENDMENTS TO PREPAID LEGAL SERVICES PLAN**

Pursuant to Section .0306 of the Rules Concerning Prepaid Legal Services Plans, amendments to prepaid legal services plans and other documents required to be filed upon registration of the plan shall be filed in the office of the North Carolina State Bar no later than 30 days after the adoption of such amendments.

The owner or sponsor of the prepaid plan must complete this form and file it with the Secretary of the North Carolina State Bar at the following address:

Secretary of the North Carolina State Bar  
c/o Fern Gunn Simeon, Deputy Counsel  
North Carolina State Bar  
P.O. Box 25908  
Raleigh, NC 27611

Please provide complete responses to each of the following items. If more space is needed to respond to an item, attach additional sheets of paper.

1. Name of Plan: \_\_\_\_\_

a) Owner or Sponsor of Plan (if changed)

(Name) \_\_\_\_\_

(Title) \_\_\_\_\_

b) Principal place of business for plan (if changed)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

c) Principal North Carolina address for plan (if different than above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

2. List the amendments or changes to the plan, identifying the specific sections of the plan or documents that were changed. (Use additional pages if necessary. Attach Copy of Plan Amendments and Plan as Amended.)

3. When were the amendments adopted?

4. DECLARATION:

I have read the foregoing form and examined the attachments. All statements and attachments are true and correct to the best of my knowledge.

I understand that the amendments to this plan may not be implemented until the amended plan is registered with the North Carolina State Bar in accordance with Rule .0305 of the Rules Concerning Prepaid Legal Services Plans.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Filing Form

\_\_\_\_\_  
Typed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Telephone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_